2003 Paint Program Application and Agreement Form

Applicant nan	ne:		
Project addres	38:		Troy, New York
Telephone:	Home #	Business #	
Number of Re	esidential units:	Census Tract:	
Description of	f proposed painting project:		
Description of	f proposed exterior repairs:		
	ed and read a copy of the City	y of Troy 2003 Paint Pr	ogram Guidelines and agree to comply
complete the v I understand voucher. I fu	work within the painting seaso that verification of income	on ending October 31 st . I will become necessary	by the City of Troy, I am committed to f an extension is requested and granted, six months after issuance of the last is intended on the premises will not be
I further releas	se the City of Troy from all lia	abilities, which may arise	e because of this project.
			ed above and that all information in this mplete to the best of my knowledge.
Signature(s):			Date:
-			Date:
Income Docu	mentation (If your project is	within Census Tract 404	4 or 407 skip this section)
not eligible fo Attach most r	r this program. (see attached)	orm 1040 and written vo	its for Low Income households you are erification of Social Security or Social
Income Tax F I because my in	filing Waiver (If you do not fil ncome was below the limit recome	e a tax return complete the have not filed a Fouried for filing.	he following waiver) ederal Income Tax 1040 since
Signature(s):			Date:
-			Date:
Low Income I	FO Benefit / Enterprise Zone Are	R OFFICE USE ONLY ea Benefit	Grant Amount \$
City of Troy A	Approval	_	Date:

FY 2001 HUDSECTION 8 INCOME LIMITS Effective 02/20/03

	Effecti	VC 02/20/V	33	
Household size	Maximum Income	Househ	old size	Maximum Income
1 person	\$33,500.00	5 perso	nc	\$51,650.00
2 persons	\$38,250.00	6 perso		\$55,500.00
3 persons	\$43,050.00	7 perso		\$59,300.00
4 persons	\$47,850.00	8 perso		\$63,150.00
persons	\$17,030.00	o perso	115	ψ03,130.00
ask for the following info	ormation for each householetly employed by the City of	d (family)		requirements we are required to our project.
Homeowner / Tenant In	formation:			
			-	Number of Persons
Female Head of	f Household		Yes / No	
62 Years of age			Yes / No	
Handicapped pe			Yes / No	
Race: Black	Hispanic	White	Othe	er
<u>Unit #2</u>				
			-	Number of Persons
Female Head of			Yes / No	
62 Years of age			Yes / No	
Handicapped pe	ersons		Yes / No	
D DI 1.	TT' '	3371 1	0.1	
Race: Black	Hispanic	white	Othe	er
<u>Unit #3</u>				Number of Persons
Female Head of	f Household		Yes / No	ivulloci of i cisons
62 Years of age			Yes / No	
Handicapped pe			Yes / No	
Tunareappea pe	2150115		100 / 110	
Race: Black	Hispanic	White	Othe	er
Attached Forms (*)		Comple	eted / Received	
 Census Tract Map 		Compi	110001100	
Estimate Work-up /	Description			
Tenant Income Information				
Lead-Based Paint N				
 Vendor Information Income Documentation 				
Photos: Before				
After				
Permits: Building				
Barricade				
Smoke Detector Inspecti	on			
Smoke Detector inspecti	OH			

LEGEND

MUNICIPAL BOUNDARIES .	
CENSUS TRACT BOUNDARIES _	
ENTERPRISE ZONE BOUNDARIES	



ENTERPRISE ZONE BOUNDARIES

West Boundary Hudson River

East Boundary Eighth Street / Old Railroad Right of Way

North Boundary Along Glen Avenue east from the Hudson River to River Street,

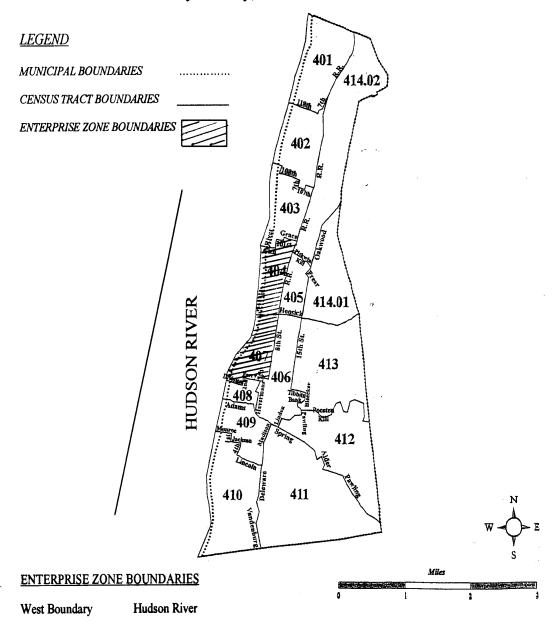
north on River Street to 101st Street, east on 101st Street to Sixth Avenue, north on Sixth Avenue to Grace Court, and east on Grace Court to the

railroad right of way.

South Boundary Along Division Street east from the Hudson River to First Street,

north on First Street to Ferry Street, east on Ferry Street to Seventh Avenue, north on Seventh Avenue to Congress Street, and east on

Congress Street to Eighth Street.



East Boundary

Eighth Street / Old Railroad Right of Way

North Boundary

Along Glen Avenue east from the Hudson River to River Street, north on River Street to 101st Street, east on 101st Street to Sixth Avenue, north on Sixth Avenue to Grace Court, and east on Grace Court to the railroad right of way.

South Boundary

Along Division Street east from the Hudson River to First Street, north on First Street to Ferry Street, east on Ferry Street to Seventh Avenue, north on Seventh Avenue to Congress Street, and east on Congress Street to

Eighth Street.

Paint Program Estimate Calculation Form

Name(s):	Date:				
Address:					
Paint / Primer Estimate Location (i.e. side, front, porch, etc.)	Area(sf)	300 sf / gal	# of gallons	OFFICE USE Price / gallon* (see below)	OFFICE USE Cost
		300 sf / gal			
		300 sf / gal			
		300 sf / gal			
		300 sf / gal			
		300 sf / gal			
		300 sf / gal			
		300 sf / gal			
TOTAL DADIT					
TOTAL PAINT					
Supplies	Quantity	Price			Cost
Brushes	Quantity	THEC			Cost
Latex Caulk					
Paint Thinner					
Plastic Drop Cloths					
Tractic Brop Crowns					
TOTAL SUPPLIES					\$75.00
Rentals or Other Equipment (Describe)	Quantity	Price			Cost
Power Washer (\$50.00)					
			1		
TOTAL EQUIPMENT					
TOTAL EQUITABILITY					
TOTAL PROGRAM					

^{*}Paint Pricing Guide (approximate):

LATEX PAINT	OIL BASE PAINT
\$15.61 / gallon white or standard color	\$18.38 / gallon white or standard color
\$13.87 / gallon primer	\$17.09 / gallon primer
\$20.04 / gallon custom match colors	\$19.28 / gallon custom match colors

Department of Planning & Community Development

TENANT HOUSING AND INCOME SURVEY

Head of Household :				
Address:				
Number of Persons in Ho	ousehold:	Dayt	ime Telephon	ne:
Number of Dependants c	laimed on last file	ed Federal Inco	me Tax Retui	rn:
The following information opportunity record keeping be kept strictly confident following information:	ng regulations, as	well as other le	egal requirem	ents. Replies will
RACE:Black	White Hisp	oanic As	ian Am	erican Indian
Is the head of household				
Is any member of the hou	usehold over 62 ye	ears of age?	Yes	No
Income Instructions: Total of gross income f members of your house interest, dividends, socia any other source of inco household income range.	ehold. Gross inc al security, pensione. Please check	come includes ns, child suppo	wages, tips, ort, alimony,	, business income, rental income, and
BELOW \$33,500	\$51,651 -	\$55,500		
\$33,5011 - \$38,250	\$55,501 -	\$59,300		
\$38,251 - \$43,050	\$59,301 -	\$63,150		
\$43,051 - \$47,850	ABOVE \$	63,150		
\$47,851 - \$51,650				
\$23,651 - \$24,550				
I hereby certify that th knowledge:	e above informat	tion is true an	nd complete	to the best of my
Signature:			Date:	
Please return the completed for	orm to:			

Department of Planning & Community Development c/o 2003 Paint Program City Hall 1 Monument Square Troy, New York 12180

REQUEST FOR VENDOR INFORMATION

Should pay	ment be mailed to the a	ddress on the label? _	Yes No	
If No, wher	e should payment be ma	ailed:		
Name/ Com	npany			
Address				
City		State	Zip Code _	
	category that most acc	2		PAYMENT
EM:	City of Troy Employ	yee		
GU:	Government (State,	County, City, etc.)		
MH:	Medical and/or Hea	lth Care Corporation		
PC:	Professional Corpor	ration (Accounting & I	Law Firms ONLY)	
CP:	Professional Corpor	ration (OTHER than A	ccountant & Law Fi	rms)
NC:	Non-Corporation –	Individuals, Businesse	s, Partnerships, etc.	
EX:	Reimbursement / Re	efund (Exempt)		
HO:	Homeowner / Prope	erty Owner (Non Corpo	orate) – Grant Recip	ient ONLY
RT:	Rental Payments			
IT:	Interest			
MX:	CITY OF TROY O	OFFICE USE ONLY		
Enter your	· tax identification nun	nber in the appropria	ite space below:	
	ty Number (nine digits)	OR	on or Company ID (nine	
Social Securit	ty Number (nine digits)	Corporation	on or Company ID (nine	digits)
Signature:			Date:	

Assessor Verification Form

I hereby grant the Assessor's Office permission to photocopy the income information I provided with my application for a Senior Citizen Real Property Exemption and/or Senior Star. This information is to be used by the coordinator of the Paint Program in determining the status of my eligibility as a participant in the program.

Name of Owner:	
Property Address:	
Home Telephone Number:	
Signature:	Date:

FOR OFFICE USE ONLY

Paint Program Review Ward / Plate Number _____

Participant Num	ber		Ward / Plate Number			
Application Rev	iewed By:			Date: _		
Program Applica	ant:					
Property Location	on:					
	Complete	Incomplete	Additional Information	Remarks	s / Comments	
Application						
Income						
Verified						
SOW						
Estimate						
Lead Notice						
Tenant						
Information						
Vendor						
Information						
Site Visit						
Photographs						
(before)						
,						
Application App	oroved:	Yes No		Date:		
Reason if Not A	pproved:					
Amount Approv	ed: \$					
	Da	ite	Remarks / Comm	ents	Additional	
Initial Voucher						
Rentals Approve	ed					
Purchases Appro						

	Date	Remarks / Comments	Additional
Initial Voucher			
Rentals Approved			
Purchases Approved			
Additional Voucher			
Additional Voucher			
Photographs (after)			
Project Completed			